



Household Goods Carriers' Instructions for Application to Operate in Intrastate Commerce (MO-1 Form)

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE APPLICATION. INCOMPLETE AND INACCURATE FORMS DELAY THE APPROVAL PROCESS.

SECTION 1- TYPE OF REQUEST

- 1A2** This section is already completed for household goods carriers currently operating in commercial zones. If you want to apply for additional authority to carry property other than household goods, please check the box for property.
- 1B1** Check the term that describes your operation. Select "contract" only if you operate under a continuing contract with a specific company. Attach a copy of the contract(s).

SECTION 2- GENERAL INFORMATION

- If you do not have a USDOT number, submit a Missouri Motor Carrier Identification Report (MCS-150) with this application. (Call for a copy of the form or find it on the Forms and Manuals page of our Web site: www.modot.org/mcs.)
- Write the applicant (legal) name as registered with the Missouri Secretary of State's office. The legal name is not a person's name if the company is a corporation, L.L.C. or L.L.P., nor is it a d/b/a name.
- If the company uses a fictitious (d/b/a) name, you may have to register that name with the Missouri Secretary of State. Call the secretary's office toll-free (866) 223-6535 to discuss. Register the fictitious name online at www.sos.mo.gov/.
- Be certain to use the registered name(s) when purchasing insurance and applying for a USDOT number.
- If it is best to reach you by cell phone, please write this additional information on your application. Your business telephone number is required. Your fax number, if available, is appreciated.
- Provide one or more Statements of Support from people or businesses that need or want to hire your household goods transportation services.

SECTION 3- FORM OF BUSINESS

Check the company's form of business. Provide its organization date and the Missouri Registration Number assigned by the Missouri Secretary of State. If the company organized in another state, complete section B. All applicants, other than sole-proprietors, must complete section C.

SECTION 4 - PUBLIC LIABILITY SECURITY

Your insurance company must file the insurance forms (BIPD and Cargo – see below). Be certain the forms include the same legal/applicant name, d/b/a name (if applicable) and business address as on the MO-1 Form.

COMMODITY TRANSPORTED	AMOUNT OF REQUIRED COVERAGE	FORM TYPE TO BE FILED
Property (non-hazardous) and Household Goods	<ul style="list-style-type: none"> • \$100,000 for any injury or death of one person • \$300,000 for any one accident • \$50,000 property damage for any one accident. 	Form E OR Form G
Property Hazardous	• \$1 million OR \$5 million dependent upon hazardous classes/divisions being transported. To determine exact liability coverage, contact our office at 866-831-6277.	Form E OR Form G
Cargo	<ul style="list-style-type: none"> • \$2,500 for loss or damage to property carried on any one motor vehicle • \$5,000 for loss or damage to, or aggregate of losses or damages of or to property, occurring at any one time and place. 	Form H OR Form J

SECTION 5- REGISTERED AGENT FOR SERVICE OF PROCESS IN MISSOURI

Write the name and address (must be a Missouri address) of the individual who will act as the company's agent for service of any legal notice or action against the carrier.

SECTION 6- FEES

Indicate the number of decals needed – one for each vehicle that will operate in Missouri. MoDOT will send an invoice – ***do not send payment for fees with the application.***

SECTION 7- SAFETY FITNESS

MoDOT Motor Carrier Services will conduct training that your company's owner, a principal officer or officially designated safety officer must attend. Visit our Web site, www.modot.org/mcs, and click the Training/Outreach button to view training dates.

If your company obtained a safety rating from the USDOT or any state regulatory agency, please provide the date of the rating and a copy of all safety ratings you have received according to the provisions of FMCSR, Title 49, Code of Federal Regulations. If the company has not been rated or did not earn a satisfactory rating, MoDOT investigators will visit to review your records and inspect your equipment. Please call (573) 751-7117 if you have hazardous materials questions.

SECTION 8- HAZARDOUS MATERIALS

Check the box that indicates your hazardous materials status. If choosing to transport hazardous materials, check the boxes that indicate the hazard classes and/or divisions you plan to haul. These choices must also be included on the USDOT registration form or on the enclosed Missouri Motor Carrier Identification Report (MCS-150). Contact us at (573) 751-7107 if you have hazardous materials questions.

SECTION 9- SIGNATURE

The applicant must sign the application. If an individual signs on behalf of the applicant, they must attach written proof (i.e., power of attorney) of their authority to act on behalf of the applicant. If the applicant is a corporation, an officer of the company or an authorized individual must sign. A member or manager of a Limited Liability Company may sign if authorized to do so. An attorney licensed by The Missouri Bar may sign on behalf of the applicant.

SECTION 10- SERVICE AREA/AUTHORITY

List the commercial zone(s) you wish to serve. See the Statement of Support form for the description of the commercial zones for Missouri cities.

If applying for a service area other than a commercial zone, complete the Form MO-1 posted on the Forms and Manuals page of MoDOT Motor Carrier Services' Web site, www.modot.org/mcs.

SECTION 11- LIST OF APPLICANT'S EQUIPMENT TO BE USED

Complete the list. Be sure to indicate if the equipment will be used to transport hazardous materials.

SECTION 12- STATEMENT OF RATES TO BE CHARGED

Attach a schedule that reports the service rates and charges you propose. A formal tariff filing is required with rates at the maximum and minimum rates prescribed or at any level between those rates. Call (573) 751-7139 with questions about statements of rates and tariffs.

SECTION 13- FINANCIAL FITNESS

You can substitute an attached copy of your balance sheet and income statement for this section.

Any additional information or explanation can also be attached. Please note that information in columns A, B, C, and D should reflect calendar year information rather than fiscal year. Please call (573) 522-5211 with questions about financial fitness.

Keep a copy of the completed application for your records and submit the original.

Mailing Address:

MoDOT Motor Carrier Services
P.O. Box 893
Jefferson City, MO 65102-0893

Overnight Address:

MoDOT Motor Carrier Services
1320 Creek Trail Drive
Jefferson City, MO 65109

Fax:

(573) 522-6708

Do not include payment. An invoice will be faxed or mailed to you.

Phone toll-free: 1-866-831-6277 press option 3

Email: contactMCS@modot.mo.gov